

WABIGOON LAKE OJIBWAY NATION

APPLICATION FOR ADVANCE OF \$4,500 OF FEDERAL FLOODING CLAIM PER CAPITA DISTRIBUTION (the “Advance”)

- This form is for use of a Wabigoon Lake Ojibway Nation (WLON) band member applying for the Advance on his or her own behalf
- Applicant must be a WLON member and be 18 years of age or older to apply
- ISC Temporary Confirmation of Registration Document is Mandatory for New Members
- WLON agrees to keep all personal information provided by the applicant strictly confidential and shall only use such information for purposes of this application

PLEASE PRINT LEGIBLY **FILL OUT ALL BOXES**

PLEASE CALL: 1-807-938-6684 for questions

FAX FORMS TO: 1-807-938-1166 OR **E-MAIL TO:** info@wlon.ca

OR MAIL TO: Wabigoon Lake Ojibway Nation

RR#1, Site 115, Box 300

Dryden, ON

P8N 2Y4

PART ONE: IDENTIFICATION

First Name	Middle Name	Surname	
Mailing Address (No., Street, Apt., R.R., P.O. Box)			City/Town
Province/Territory/State	Country	Postal Code/ZIP	Phone Number
E-mail Address			Status Number
Date of Birth (mm/dd/yyyy)	Place of Birth (Town/City)	Province/State	Country
Proof of Identity (circle which two (2) are being submitted)	Original Birth Certificate Canada Passport	Driver’s License Health Card	Status Card Other

Note that two (2) pieces of identification will ensure that the application is processed quickly.

Attach the proof of identity (photocopy of both sides of any identification card).

PART TWO: AUTHORIZATION AND DECLARATIONS

I authorize WLON to verify the information provided on this application form.

I have provided the information on this form in order to obtain this advance from WLON and I hereby declare that I am legally entitled to receive this advance payment. I certify that by making this advance to me, WLON has met its obligation to me. I further declare that the answers given by me on this form, to the best of my knowledge and belief, are true and full, and I have withheld no material facts from WLON.

I further declare that in consideration of the receipt of this Advance that I do hereby remise, release, quit claim and forever discharge the Wabigoon Lake Ojibway Nation, their heirs, executors, administrators, estate trustees and assignees of and from any claims in respect of the Advance.

PART THREE: SIGNATURE

My signature indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a fraudulent application could result in criminal prosecution and civil action on the part of WLON for the return of the Advance. I understand that every application is subject to verification.

Signature of Applicant

Date

WABIGOON LAKE OJIBWAY NATION

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CAPITA DISTRIBUTION (the “Advance”)**

ACKNOWLEDGEMENT AND UNDERSTANDING

By signing below, I am acknowledging that I understand and agree that the application I have submitted for the Advance is for the purpose of receiving an advance of the Per Capita Distribution (“PCD”) to be made once the Wabigoon Lake Ojibway Nation Federal Flooding Specific Claim settlement (“Settlement”) has been ratified and the settlement funds provided to Wabigoon Lake Ojibway Nation by Canada.

I further acknowledge that I understand and agree that the Advance I will be receiving will be deducted from the total amount of the PCD I am eligible to receive under the Settlement, and that the total amount of PCD each eligible member of Wabigoon Lake Ojibway Nation will be eligible to receive will be determined and approved by Chief and Council and ratified by the Wabigoon Lake Ojibway Nation membership through the community ratification of the Settlement.

Full Name (please print)

Signature

Date